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## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ţз Ί. ٠,١ TOTAL IND. TOTAL IND. KIB TOTAL DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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